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PTO/SB/01 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	IN01156
	First Named Inventor	ARASAPPAN
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL IMIDAZOLIDINONES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS

the specification of which (Title of the invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,110	July 21, 2000	

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No.	34634
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname					
ASHOK		ARASAPPAN					
Inventor's Signature	<i>Ashok Arasoffan</i>		Date	5/15/01			
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
TEJAL					PAREKH				
Inventor's Signature						Date			
Residence: City		MOUNTAIN VIEW		State		CA		Country	
						USA		Citizenship	
								INDIA	
Post Office Address		1885 EDNAMARY WAY, UNIT C							
Post Office Address									
City		MOUNTAIN VIEW		State		CA		ZIP	
						94040		Country	
								USA	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
F. GEORGE					NJOROGE				
Inventor's Signature		<i>F. George Njoroge</i>				Date		06/08/01	
Residence: City		WARREN		State		NJ		Country	
						USA		Citizenship	
								KENYA	
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Post Office Address									
City		WARREN		State		NJ		ZIP	
						07059		Country	
								USA	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
VIYYOOR MOOPIL					GIRIJAVALLABHAN				
Inventor's Signature		<i>Girijavallabhan</i>				Date		6/8/01	
Residence: City		PARSIPPANY		State		NJ		Country	
						USA		Citizenship	
								USA	
Post Office Address		10 MAPLEWOOD DRIVE							
Post Office Address									
City		PARSIPPANY		State		NJ		ZIP	
						07043		Country	
								USA	

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature	Ashit K. Ganguly			Date	5/22/01		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
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Inventor's Signature				Date			
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Post Office Address							
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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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Signature

Date

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Date

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

24265

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label

24265

OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN					Reg. No.	34634		
Address									
Address									
City				State			ZIP		
Country			Telephone	(908) 298-5068			Fax	(908) 298-5388	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA

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Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature	<i>Tej Parekh</i>			Date	6/14/2001		
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NJORGE			
Inventor's Signature				Date			
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA
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VIYYOOR MOOPIL				GIRJAVALLABHAN			
Inventor's Signature				Date			
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Post Office Address							
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Inventor's Signature					Date		
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Post Office Address		96 COOPER AVENUE					
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
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Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
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Post Office Address							
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